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Bib Data Sheet

CONFIRMATION NO. 9684

|                             |                                   |              |                        |  |
|-----------------------------|-----------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/040,269 | FILING DATE<br>10/29/2001<br>RULE | CLASS<br>433 | GROUP ART UNIT<br>3732 | ATTORNEY DOCKET NO.<br>018563-001120US |
|-----------------------------|-----------------------------------|--------------|------------------------|--|

## APPLICANTS

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IDS #4

act #5

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF 09/454,278 12/03/1999 PAT 6,309,215  
 WHICH CLAIMS BENEFIT OF 60/110,881 12/04/1998  
 AND IS A CIP OF 09/466,353 12/17/1999  
 AND IS A CIP OF 08/947,080 10/08/1997 PAT 5,975,893  
 WHICH CLAIMS BENEFIT OF 60/050,342 06/20/1997  
 AND IS A CIP OF 09/250,962 02/16/1999 PAT 6,183,248  
 WHICH CLAIMS BENEFIT OF 60/110,189 11/30/1998 1999  
 AND IS A CIP OF 09/169,034 10/08/1998  
 AND IS A CIP OF 08/947,080 10/08/1997 PAT 5,975,893  
 WHICH CLAIMS BENEFIT OF 60/050,342 06/20/1997 \*

(\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

PCT/US98/12861 06/19/1998

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/12/2002

|                                 |  |                        |                      |                    |                         |
|---------------------------------|--|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>14 | TOTAL CLAIMS<br>20 | INDEPENDENT CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                      |                    |                         |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____  |                        |                      |                    |                         |

## ADDRESS

20350

## TITLE

Attachment devices and methods for a dental appliance

|                            |   |  |
|----------------------------|---|--|
| FILING FEE RECEIVED<br>954 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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